



Disability Management Systems

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<http://www.access.duke.edu>

Duke University/Health System Accommodation Fund
Request for Funding (Public)

Member of the Public Name (if applicable): _____

Address: _____

Phone: _____

Campus Address (if applicable): _____ Campus Phone: _____

Department: _____ Job Title: _____

Equipment/Service Requested (Include cost and vendor, if possible):

Purpose of Equipment/Service Requested (e.g. what function does the equipment/service provide and how does this relate to the individual's disability?)

What level of partial funding is available from the sponsoring unit?
(Partial funding by the sponsoring unit is strongly encouraged.)

Has the Reasonable Accommodation Process been implemented?

Is the sponsoring unit aware of and supportive of the requested accommodation?

Name of person making request

Date

Address

Phone

02/01/13